

WHAT'S NEW

- Update to [Appendix AB. Staff Positive Case Form](#): Per **PS6701.01**, all employees are required to report a COVID-19 positive test through their institution human resources department to BOP-HSD-StaffCovidNotifications-S@bop.gov
- Removal of *Appendix AC. Standard Email for Notification of Staff Contacts*
- Updates to [Appendix Q. COVID-19 Coding Clinical Reference Guide](#)

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APPENDIX A. RECOMMENDED CLEANING AND DISINFECTION SCHEDULE

AREA TO BE CLEANED	FREQUENCY OF CLEANING	FREQUENCY OF DISINFECTION
Windows/Window Ledges	Daily	Daily
Toilets/Sinks	Daily	Daily
Trash Receptacles	Empty three times daily, or as needed; clean daily	Daily
Floors, Stairs, and Other Walking Surfaces	Sweep and damp-mop daily	Daily
Telephones	Multiple times daily	After each use
Microwave Ovens	Clean daily and when visibly dirty	Daily
Drinking Fountains	Multiple times daily	Disinfect when cleaning
Door/Door Jams	Multiple times daily	Disinfect when cleaning
Mop Sinks	Rinse and clean after every use	After each use
Mop Buckets	Empty and rinse after every use	After each use
Wet-Mop Heads	Replace with a clean mop head after each use	Launder used mop heads daily
Dust-Mop Heads	Replace with a clean mop head after each use	Launder used mop heads daily
Furnishings	Daily cleaning of multi-use common area furniture (chairs, tables, etc.)	Disinfect when cleaning

APPENDIX B. DISINFECTING WITH HALT™

Consult the manufacturer's recommendations and the safety data sheet for appropriate PPE to be worn during preparation and use of this product.

CONTROL OF HALT CONCENTRATE AND SOLUTION

- **STORAGE OF HALT CONCENTRATE:** Must be stored in accordance with institution policy on the storage of hazardous products (secured, bin cards, etc.). Must be under **DIRECT STAFF SUPERVISION** at all times or in locked dispensers.
- **MIXING HALT DILUTED SOLUTION FOR DISINFECTING:** Mix using dilution dispensers provided by the manufacturer. If a dispenser is not available, mixing must be done under **DIRECT STAFF SUPERVISION**. (See **PREPARATION OF HALT SOLUTION** below.)
- **USE OF DILUTED SOLUTION:** Once the solution is diluted, no special supervision is required for inmate use.

PREPARATION OF HALT SOLUTION USING MANUFACTURER'S GUIDANCE

- **IF A DISPENSER IS AVAILABLE:** Connect the dispenser and distribute the concentrate as needed into spray bottles or mop buckets, following the manufacturer's instructions.
- **IF NO DISPENSER IS AVAILABLE:** A gallon jug may be used. Under **DIRECT STAFF SUPERVISION**, add 2 ounces of HALT concentrate to the jug and fill the rest of it with cold water. Label the jugs as "HALT solution," with the date that the solution was prepared.
- The manufacturer recommends that a fresh solution be mixed daily for greatest efficacy however, they indicate that mixed solutions may be able to last up to a week and maintain efficacy.

HOW TO USE SOLUTION

- If surfaces are dirty, they should first be cleaned with detergent or soap and water—prior to disinfection with HALT solution.
- Apply HALT solution to hard, non-porous surfaces.
- All surfaces must **REMAIN WET FOR 10 MINUTES** for maximum disinfection. After the 10-minute wet time, allow to air-dry or wipe surfaces to dry and remove any residue.
 - **FLOORS** do not need to be rinsed unless they are to be coated with finish or restorer.
 - **FOOD CONTACT SURFACES**—such as appliances and kitchen countertops—must be **RINSED WITH POTABLE WATER**.
 - **Do NOT use HALT on glassware, utensils, or dishes!**

APPENDIX C. DISINFECTING WITH HDQC®2

Consult the manufacturer's recommendations and the safety data sheet for appropriate PPE to be worn during preparation and use of this product.

CONTROL OF HDQC 2 CONCENTRATE AND SOLUTIONS

- **STORAGE OF HDQC 2 CONCENTRATE:** Must be stored in accordance with institution policy on the storage of hazardous products (secured, bin cards, etc.). Must be under **DIRECT STAFF SUPERVISION** at all times or in locked dispensers.
- **MIXING HDQC 2 DILUTED SOLUTION FOR DISINFECTING:** Mix using dilution dispensers provided by the manufacturer. If a dispenser is not available, mixing must be done under **DIRECT STAFF SUPERVISION**. (See **PREPARATION OF HDQC 2 SOLUTION** below.)
- **USE OF DILUTED SOLUTION:** Once the solution is diluted, no special supervision is required for inmate use.

PREPARATION OF HDQC 2 SOLUTION USING MANUFACTURER'S GUIDANCE

- **IF A DISPENSER IS AVAILABLE:** Connect the dispenser and distribute the concentrate as needed into spray bottles or mop buckets, following the manufacturer's instructions.
- **IF NO DISPENSER IS AVAILABLE:** A gallon jug may be used. Under **DIRECT STAFF SUPERVISION**, add 2 ounces of hdqC 2 concentrate to the jug and fill the rest of it with cold water. Label the jugs as "hdqC 2 solution," with the date that the solution was prepared.
- The manufacturer recommends that a fresh solution be mixed daily for greatest efficacy; however, they indicate that mixed solutions may be able to last up to a week and maintain efficacy.

HOW TO USE SOLUTION

- If surfaces are dirty, they should first be cleaned with detergent or soap and water—prior to disinfection with hdqC 2 solution.
- Apply hdqC 2 solution to hard, non-porous surfaces.
- All surfaces must **REMAIN WET FOR 10 MINUTES** for maximum disinfection. After the 10-minute wet time, allow to air-dry or wipe surfaces to dry and remove any residue.
 - **FLOORS** do not need to be rinsed unless they are to be coated with finish or restorer.
 - **FOOD CONTACT SURFACES**—such as appliances and kitchen countertops—must be **RINSED WITH POTABLE WATER**.
 - **Do NOT use hdqC 2 on glassware, utensils, or dishes!**

APPENDIX D. DISINFECTING WITH VIREX® II/256

Consult the manufacturer's recommendations and the safety data sheet for appropriate PPE to be worn during preparation and use of this product.

CONTROL OF VIREX II/256 CONCENTRATE AND SOLUTIONS

- **STORAGE OF VIREX II/256 CONCENTRATE:** Must be stored in accordance with institution policy on the storage of hazardous products (secured, bin cards, etc.). Must be under **DIRECT STAFF SUPERVISION** at all times or in locked dispensers.
- **MIXING VIREX II/256 DILUTED SOLUTION FOR DISINFECTING:** Mix using dilution dispensers provided by the manufacturer. If a dispenser is not available, mixing must be done under **DIRECT STAFF SUPERVISION**. (See **PREPARATION OF VIREX II/256 SOLUTION** below.)
- **USE OF DILUTED SOLUTION:** Once the solution is diluted, no special supervision is required for inmate use.

PREPARATION OF VIREX II/256 SOLUTION USING MANUFACTURER'S GUIDANCE

- **IF A DISPENSER IS AVAILABLE:** Connect the dispenser and distribute the concentrate as needed into spray bottles or mop buckets, following the manufacturer's instructions.
- **IF NO DISPENSER IS AVAILABLE:** A gallon jug may be used. Under **DIRECT STAFF SUPERVISION**, add ½ ounce of Virex II/256 concentrate to the jug and fill the rest of it with cold water. Label the jugs as "Virex II/256 solution," with the date that the solution was prepared.
- The shelf life of the diluted solution is 1 year.

HOW TO USE SOLUTION

- If surfaces are dirty, they should first be cleaned with detergent or soap and water—prior to disinfection with Virex II/256 solution.
- Apply Virex II/256 solution to hard, non-porous surfaces.
- All surfaces must **REMAIN WET FOR 10 MINUTES** for maximum disinfection. After the 10-minute wet time, allow to air-dry or wipe surfaces to dry and remove any residue.
 - **FLOORS** do not need to be rinsed unless they are to be coated with finish or restorer.
 - **FOOD CONTACT SURFACES**—such as appliances and kitchen countertops—must be **RINSED WITH POTABLE WATER**.
 - **Do NOT use Virex II/256 on glassware, utensils, or dishes!**

APPENDIX E. INFORMATION FOR ALL STAFF – CLOTH FACE COVERINGS

Cloth Face Coverings

Help Slow the Spread of COVID-19

- The BOP now requires all staff to wear cloth face coverings whenever possible.
- All staff will receive a cloth face covering to use at work.
- The covering is re-useable and should not be thrown away.
- It is still important to maintain social distancing of 6 feet, when possible.



How to Wear a Cloth Face Covering

- Make sure it fits snugly, but comfortably, against the side of the face. Secure with ties or ear loops.
- Use a covering with multiple layers of fabric, but make sure it allows for breathing without restriction.
- It should withstand laundering and machine drying without damage or change to shape.
- Be careful not to touch your eyes, nose, or mouth when removing—and wash hands immediately after.
- Do not put used face coverings where others can touch them.
- Do not touch or use anyone else's face covering. Assume that used masks are contaminated until they are laundered. Keep a bag with you to store your face covering if you will be taking it off in the car or other non-social space.
- If you take off your face covering (e.g., to eat) and then put it back on, be sure that the outside stays on the outside (consider marking the outside or inside).



Routinely Wash Cloth Face Coverings

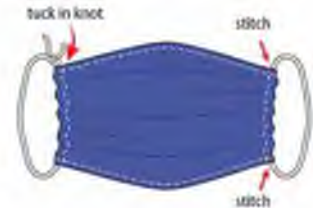
- The covering should be washed before the first use.
- It is recommended that staff wash cloth face coverings at home after each shift. They can be washed with other clothing.
- Launder items using the warmest water setting, and dry completely.
- Clean and disinfect clothes hampers or use a liner that can be washed or thrown away.

APPENDIX F. INFORMATION FOR INMATES – CLOTH FACE COVERINGS (ENGLISH)

Cloth Face Coverings

Help Slow the Spread of COVID-19

- Based on guidance from the CDC, the BOP now recommends all inmates wear cloth face coverings.
- All inmates will receive a cloth face covering.
- This covering is re-useable and should not be thrown away.
- It is still important to maintain social distancing of 6 feet, when possible.



How to Wear a Cloth Face Covering

- Make sure it fits snugly, but comfortably, against the side of the face. Secure with ties or ear loops.
- Use a covering with multiple layers of fabric, but make sure it allows for breathing without restriction.
- Be careful not to touch your eyes, nose, or mouth when removing—and wash hands immediately after.
- Do not put used face coverings where others can touch them.
- Do not touch or use anyone else's face covering. Assume that used masks are contaminated until they are laundered.
- When not using your cloth face covering, store it in your personal locker where the cover will not become soiled or picked up by others.
- If you must take off your face covering and then put it back on before laundering, be sure that the part of the covering that was facing out stays facing out. (Consider marking the outside or inside).



Routinely Wash Cloth Face Coverings

- The covering should be washed before the first use.
- Inmates should send cloth face coverings through the institution wash cycles with other clothing.
- Launder face coverings using the warmest water setting, and dry completely.

APPENDIX G. INFORMATION FOR INMATES – CLOTH FACE COVERINGS (SPANISH)

Máscara faciales de tela

Ayuda a disminuir/evitar la propagación de COVID-19

- Basado en la guía del CDC, el BOP ahora recomienda que todos los reclusos usen cubiertas/máscaras de tela para la cara.
- Todos los reclusos recibirán una cubierta/máscara de tela para la cara.
- Esta cubierta/máscara es reutilizable y no debe desecharse.
- Todavía es importante mantener el distanciamiento social de 6 pies, cuando sea posible.



Cómo usar una cubierta/ máscara facial

- Asegúrese de que quede ajustada y cómoda a los lados de su cara. Asegúrelo con las tiras o las bandas elásticas para las orejas.
- Use una máscara con varias capas de tela pero asegúrese de que permita respirar sin restricciones.
- Tenga cuidado de no tocarse los ojos, la nariz, o la boca cuando se retire y lávese las manos inmediatamente después de retirarla.
- No coloque la cubierta facial usada donde otros puedan tocarla.
- No toque ni use la cubierta facial/máscara de otra persona. Suponga que las máscaras usadas están contaminadas hasta que sean lavadas.
- Cuando no use la cubierta de máscara de su cara, guárdela en su casillero personal, donde la cubierta/máscara no se ensucie ni sea accesible a otra persona.
- Si debe quitarse la máscara y luego volvérsela a poner antes de lavarla, asegúrese de que la parte de la cubierta que estaba hacia afuera permanezca hacia afuera. (Considere marcar el exterior o el interior de la máscara.)



Lave rutinariamente la tela que cubre la cara

- La cubierta debe lavarse antes del primer uso.
- Los reclusos deben enviar las cubiertas de tela a la lavandería de la institución con su ropa.
- Lave las máscaras con la configuración de agua más cáliente y seque completamente.

APPENDIX H. PPE DONNING SKILL TESTING SHEET

COVID-19 Personal Protective Equipment Donning SKILLS TESTING SHEET

STUDENT NAME: _____

DATE: _____

Skill Step	Critical Performance Criteria	✓ if done correctly
<p>Following the protocol for PPE placement (donning) minimizes the risk for disease transmission:</p> <ul style="list-style-type: none"> • The DONNING PROCEDURE can be used for both quarantine and isolation transmission-based precautions. • Exact PPE may differ based on availability, as well as type of room utilized (AIIR with anteroom, single room without anteroom, or dorm type space). • EQUIPMENT: Gloves, gown, N95 OR surgical mask, eye goggles, mask with shield or face shield (PPE availability), non-touch waste container close to door inside room and just outside door at entry. 		
1.	<ul style="list-style-type: none"> • Address personal hygiene issues, hydration, and importance of not touching face. • Remove unnecessary jewelry and equipment. • Kevlar vest/protective vest are worn per policy. 	
2.	<ul style="list-style-type: none"> • Perform hand hygiene. 	
3.	<ul style="list-style-type: none"> • Don gloves. 	
4.	<ul style="list-style-type: none"> • Don gown. • Tie or secure in the back. 	
5.	<p>Depending on use of N95 respirator, surgical mask, or surgical mask with eye shield:</p> <p>a. Don N95 respirator:</p> <ul style="list-style-type: none"> • Only fit-tested individuals may wear N95s; facial hair cannot interfere with mask seal. See NIOSH site for facial hair styles that can interfere with the respirator seal: https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf • Adjust to fit. • Conduct a user seal check: Exhale to check for air leakage; inhale and check for slight mask collapse. <p>b. Don surgical mask or surgical mask with eye shield:</p> <ul style="list-style-type: none"> • Adjust to fit. 	
6.	<p>Don safety glasses, goggles, or face shield:</p> <ul style="list-style-type: none"> • Glasses, goggles or face shield sit on top or go over the mask • Adjust for vision and coverage 	
<p>Donning PPE Skills (circle one): PASS FAIL</p> <p>Instructor Signature: _____</p> <p>Instructor Printed Name: _____</p>		
<p><i>PPE Donning SKILLS TESTING SHEET, Page 1 of 1</i></p>		

APPENDIX I. PPE DOFFING SKILLS TESTING SHEET

COVID-19 Personal Protective Equipment Doffing SKILLS TESTING SHEET

STUDENT NAME: _____

DATE: _____

Skill Step	Critical Performance Criteria	✓ if done correctly
<p>Following the protocol for PPE removal (doffing) minimizes the risk for disease transmission:</p> <ul style="list-style-type: none"> • The DOFFING PROCEDURE can be used for both quarantine and isolation transmission-based precautions. • Exact PPE may differ based on availability, as well as type of room utilized (AIR with anteroom, single room without anteroom, or dorm type space). • Doffing has been modified to accommodate a lack of anteroom and the possibility of eye protection re-use. Facilities may create a doffing space or tape-off a designated doffing area immediately outside of room. • Hand hygiene can be performed between any step of the process. • EQUIPMENT: A non-touch waste container close to door inside room and just outside door at exit. Receptacle for contaminated eye protection/face shield. 		
1.	<ul style="list-style-type: none"> • If no anteroom is available, exit out of room to doff all PPE. If anteroom is available doff gloves and gown in room. • Ensure that the doffing area contains a non-touch waste bin, hand sanitizer, and a receptacle for contaminated eye protection and reusable face shields. 	
2.	<ul style="list-style-type: none"> • Remove and discard gloves (pull off slowly and do not snap). • Dispose of gloves in waste bin next to door. 	
3.	<p>Remove Gown:</p> <ol style="list-style-type: none"> a. Release the tie; then, grasp the gown at the hip area, and pull the gown down and away from the sides of your body. b. Once the gown is off your shoulders, pull one arm at a time from the sleeves of the gown so that the gown arms are bunched at your wrists. c. Remove gown from wrists. c. Roll the exposed side of the gown inward until it's a tight ball. d. Dispose of the gown in waste bin next to door. 	
5.	<ul style="list-style-type: none"> • Immediately perform hand hygiene. 	
6.	<p>Based on type of eye protection:</p> <ol style="list-style-type: none"> a. Remove safety glasses/goggles. <ul style="list-style-type: none"> • Carefully grasp edges only, without touching skin or eye. • Place in container designated for contaminated glasses or goggles to be cleaned and disinfected. b. Remove face shield. <ul style="list-style-type: none"> • Tilt your head forward slightly, grab the back strap with one hand, close eyes and pull it up and over head. (<i>Do not touch front of face shield.</i>) • Dispose of the face shield or • Place in container designated for contaminated face shields to be cleaned and disinfected. 	
PPE DOFFING SKILLS TESTING SHEET, Page 1 of 2		

7.	Remove surgical mask or N95 respirator. (<i>Surgical mask may have eye shield.</i>) → <i>It is important that you not touch the front of the mask!</i> a. Tilt your head forward slightly. b. Use two hands to grab the bottom strap; close eyes; pull out and over the head. c. Next, use both hands; grab the upper strap; close eyes; pull out and over the head. d. Keep tension on upper strap as you remove it, which will let the mask fall forward. e. Dispose of the mask or N-95, <i>OR</i> place it into labeled container (paper bag labeled with person's name) to be reused.	
8.	Perform hand hygiene at sink or use hand sanitizer.	
Doffing PPE Skills (circle one): PASS FAIL		
Instructor Signature: _____		
Instructor Printed Name: _____		
PPE DOFFING SKILLS TESTING SHEET, Page 2 of 2		

APPENDIX J. ABBOTT ID NOW COMPETENCY AND PERFORMANCE ASSESSMENT

Abbott ID NOW™ Competency and Performance Assessment (PAGE 1)

SKILLS TESTING SHEET

STUDENT NAME: _____ DATE: _____

Skill Step	Critical Performance Criteria	✓ if done correctly
Trainer should review all material listed below and verify that the trainee has read and understands the appropriate procedures or manufacturer instructions involved.		
1.	Trainee reads and understands procedure.	
2.	Trainer discusses principle of test procedure so that trainee understands scope and purpose of the test.	
3.	Trainer identifies the materials needed to perform test, and trainee knows location of these materials.	
4.	Trainee observes proper sample collection and handling.	
5.	Trainee observes test procedure being performed by trainer.	
6.	Trainee performs the procedure and should be able to: <ul style="list-style-type: none"> a. Identify proper sample type, use of the appropriate collection device, labeling, and handling of samples. b. Organize work area for testing. c. Perform quality control (QC) samples and training panel prior to performing patient samples. d. Set up timer and follow incubation times per the procedure. e. Interpret the results: <ul style="list-style-type: none"> • Positive • Negative • Invalid f. Decontaminate and clean work area, including proper disposal of hazardous waste and sharps. 	
7.	Data entry/computer: <ul style="list-style-type: none"> a. Test order and accessioning. b. QC and interpretation of results. c. Report results and log QC data. 	
Trainee Comments: _____ Trainee Signature: _____ Trainer Comments: _____ Trainer Signature: _____		

Abbott ID NOW™ Competency and Performance Assessment (PAGE 2)

INSTRUCTIONS FOR TRAINER

PURPOSE:

The ability of each person to perform their duties should be assessed following training, and periodically thereafter. Retraining and reassessment of employee performance needs to be done when problems are identified with employee performance. The training and assessment program should be documented and specific for each job description. Activities requiring judgment or interpretive skills need to be included in the assessment.

INSTRUCTIONS FOR COMPLETING THE PERFORMANCE ASSESSMENT:

- 1.** Record the facility name and location.
- 2.** Record the employee's name and the procedure being observed.
- 3.** Have the employee perform the procedure.
- 4.** Record whether the steps completed were satisfactory or unsatisfactory, note any comments, and document any corrective action needed.
- 5.** Sign and date the form.
- 6.** Have the employee sign and date the form and provide comments.
- 7.** Complete forms should be filed with the staff member's credentialing and training documents

Adapted from:

https://www.cdc.gov/labquality/docs/waived-tests/15_255581-test-or-not-test-booklet.pdf

APPENDIX K. ABBOTT ID NOW TRAINING LOG

Abbott ID NOW™ Certification of Training

Check all that apply: ☐ FLU A/B 2 ☐ Strep A 2 ☐ RSV ☐ COVID-19

The following personnel are responsible for running the ID NOW at _____
and have been thoroughly in-serviced on the test and test procedure.

Training has included:

- Review of the package insert.
- Demonstration of the product assay.
- Successful performance of the ID NOW assays and interpretation of results.
- Completion of **APPENDIX J**. Abbott ID Now Competency and Performance Assessment

Names of the personnel who have trained with the ID NOW and are responsible for reporting patient results are listed below:

Staff Person's Name (printed)	Staff Person's Signature	Date of Signature

Signature of Supervisor responsible for personnel and testing:

Signature

Date of Signature

APPENDIX L. SAMPLE INCIDENT REPORT NARRATIVE FOR INMATES REFUSING COVID-19 TESTING

On _____(date), _____(inmate's name) , Reg. No. _____(number), refused a direct order to submit to testing for the COVID-19 virus as part of the testing initiative to prevent the transmission of a life-threatening disease to other staff and inmates. The Bureau tests an inmate for an infectious or communicable disease when the test is necessary to verify transmission following exposure to bloodborne pathogens or to infectious body fluid. An inmate who refuses diagnostic testing is subject to an incident report for refusing to obey an order (Program Statement 6190.04).

APPENDIX M. RESPIRATORY INFECTION MEDICAL ISOLATION ROOM SIGN

On the following page is a printable *Respiratory Medical Isolation Precautions* sign for posting on the doors of MEDICAL ISOLATION UNITS.




Respiratory/Eye Medical Isolation Precautions

PRECAUCIONES de aislamiento médico



ANYONE ENTERING THIS ROOM SHOULD USE:
todas las personas que entren a esta habitación tienen que:

	<p>HAND HYGIENE <i>Hygiene De Las Manos</i></p>
	<p>N95 RESPIRATOR (fit-tested) <i>Respirador N95</i></p>
	<p>GOWN <i>Bata</i></p>
	<p>EYE PROTECTION <i>Protección para los ojos si contacto cercano</i></p>
	<p>GLOVES <i>Guantes</i></p>
	<p>PATIENT WEARS CLOTH FACE COVERING WHEN OTHERS ENTER ROOM AND DURING MOVEMENT. <i>Lleva cubierta de tela para la cara.</i></p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="background-color: #007bff; color: white; padding: 2px 5px; margin: 0;">NOTICE</p> <p style="margin: 0;">KEEP THIS DOOR CLOSED</p> </div>	<p>KEEP DOOR CLOSED AT ALL TIMES! <i>Mantenga la puerta cerrada en todo momento</i></p>

APPENDIX N. QUARANTINE ROOM SIGN

On the following page is a [Respiratory Infection Quarantine Precautions](#) sign for posting on the doors of housing units being used for QUARANTINE.



Respiratory/Eye Quarantine Precautions



PRECAUCIONES de Sala de Cuarentena

TO PREVENT THE SPREAD OF INFECTION,

ANYONE ENTERING THIS ROOM SHOULD USE:

Para prevenir el esparcimiento de infecciones,

todas las personas que entren a esta habitación tienen que:



HAND HYGIENE

Hygiene De Las Manos



SURGICAL MASK

**PATIENT WEARS CLOTH FACE COVERING WHEN OTHERS
ENTER ROOM AND DURING MOVEMENT.**

Lleva cubierta de tela para la cara.



GLOVES

Guantes



GOWN FOR CLOSE CONTACT

Bata



EYE PROTECTION

Protección para los ojos

APPENDIX O. MEDICAL ISOLATION CHECKLIST

MEDICAL ISOLATION CHECKLIST FOR COVID-19	
CATEGORY	TASKS
MOVE TO MEDICAL ISOLATION:	<ul style="list-style-type: none"> Have the inmate wear a FACE COVERING en route to the designated medical isolation area. Staff escorts will wear PPE to include gloves, gown, eye protection and N95. Movement to medical isolation should be accomplished promptly for any inmate with confirmed or suspected COVID-19 infection.
TAKE TRANSMISSION-BASED PRECAUTIONS: <ul style="list-style-type: none"> STANDARD PRECAUTIONS: use of PPE and hand hygiene for contact, eye protection, and droplets. 	<p>Use (1) HAND HYGIENE (before & after gloves) and (2) PPE (gloves, gown, eye protection, N-95) for entry into room, direct contact, escort, or open grid units or dorms.</p> <ul style="list-style-type: none"> PRIOR TO ENTERING ROOM: Perform hand hygiene. Don (put on) gloves, gown, fit-tested respirator (N95), and eye protection. (See <i>PPE donning checklist Appendix H.</i>) EXITING ROOM WITH AN ANTEROOM: Stay ≥ 6 feet from patient, if possible; doff (remove) and dispose of gloves & gown, and then exit the room. In the anteroom, perform hand hygiene, doff eye protection, N-95 respirator, and repeat hand hygiene. IF NO ANTEROOM IS AVAILABLE: Exit room to doff all PPE in a designated doffing area (taped off area) located immediately outside of the room. (See <i>PPE doffing checklist Appendix I.</i>)
PLACE SIGNAGE	Place Respiratory/Eye Medical Isolation Precautions sign on the door. (See <i>Appendix M.</i>)
INMATE EDUCATION	Advise and educate the inmate regarding possible COVID-19 illness: Reportable signs and symptoms, social distancing, and wearing of face covering. Provide education sheets.
COMMUNICATION	<ul style="list-style-type: none"> Report COVID-19 case(s) to facility leadership, QIIPC, public health authority, and Regional QIIPC Consultants. If the inmate's condition deteriorates (respiratory distress) and emergent transportation to local hospital is necessary, call ahead for guidance and direction before transfer.
DOCUMENTATION	<ul style="list-style-type: none"> Place the inmate on MEDICAL HOLD in BEMR and Sentry for the duration of the isolation. HP code as U07.1 COVID confirmed (test positive) or U07.2 COVID suspect/probable in BEMR. Document inmate status DAILY in BEMR, including any test results and changes in condition.
STAFF INTERACTION	<ul style="list-style-type: none"> Limit the number of staff interactions with ill inmate(s); dedicate certain personnel, if possible. DIRECT CONTACT PPE includes N95, eye protection, gloves, and gown. Inmates should wear a face covering or mask when staff enters the room or when moving around the unit.
MEDICAL ISOLATION CHECKLIST, Page 1 of 2	

MEDICAL ISOLATION CHECKLIST FOR COVID-19	
CATEGORY	TASKS
MEDICAL EQUIPMENT & MEDICAL CARE	<ul style="list-style-type: none"> • Dedicate medical equipment to the area, if possible. • Provide supportive care, with frequent assessment for shortness of breath or O2 decompensation (pulse oximetry). • Have preparations in place for transfer to hospital, if needed.
FOOD SERVICE	Use regular or disposable dishware (dispose of in regular trash).
LAUNDRY	<ul style="list-style-type: none"> • Standard precautions; wear gown if contact with dirty laundry is expected. • Do not shake dirty laundry. • Double-bag when taking from isolation to laundry. Wash with normal laundry, in hot water and drying at high temperatures. • Disinfect dirty carts after use.
VISITS	In-person visits will be suspended until the end of medical isolation. Consult local leadership for exceptions.
TELEPHONE CALLS	Phone should be cleaned and disinfected with disposable towel and a product from EPA List N .
TRASH	<ul style="list-style-type: none"> • Double-bag in clear waste bags and dispose of as regular trash. • Ensure that trash is NOT processed by recycling.
CLEANING & DISINFECTION	<ul style="list-style-type: none"> • Provide supplies to clean/disinfect room. Utilize disinfectant from EPA List N. • Ideally, cleaning is performed by the inmate, or by staff at the time of inmate care to prevent additional entry into room.
RELEASE FROM MEDICAL ISOLATION FOR ASYMPTOMATIC INMATES	Utilize a TIME-BASED approach for releasing inmates with asymptomatic COVID-19 from medical isolation: <ul style="list-style-type: none"> • Asymptomatic inmates can be released from medical isolation 10 days after the date of their first positive PCR test.
RELEASE FROM MEDICAL ISOLATION FOR SYMPTOMATIC INMATES	Utilize a SYMPTOM-BASED approach for releasing inmates with symptomatic COVID-19 from medical isolation: <ul style="list-style-type: none"> • Inmates with MILD OR MODERATE SYMPTOMS can be released from medical isolation 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. • Inmates with SEVERE SYMPTOMS requiring hospitalization or SEVERELY IMMUNOCOMPROMISED inmates can be released from medical isolation 20 days after symptom onset. A TEST-BASED APPROACH may also be considered with Regional Medical Director consultation.
TERMINAL CLEANING	<ul style="list-style-type: none"> • If possible, the isolated inmate should clean the room before leaving. • After waiting 24 hours (if possible), the isolation area should be cleaned again with an EPA List N registered disinfectant—while wearing gloves, gown, and other PPE recommended by the disinfectant manufacturer AND based on the condition of the room (i.e., if splashes are anticipated, wear mask and eye protection).
MEDICAL ISOLATION CHECKLIST, Page 2 of 2	

APPENDIX P. QUARANTINE CHECKLIST

QUARANTINE CHECKLIST FOR COVID-19	
CATEGORY	TASKS
MOVE ASYMPTOMATIC INMATES TO QUARANTINE: <ul style="list-style-type: none"> • NOT FULLY VACCINATED EXPOSED CONTACTS OF COVID-19 CASES • NOT FULLY VACCINATED NEW INTAKES • NOT FULLY VACCINATED TRANSFERS TO BOP OR CORRECTIONAL JURISDICTION, WHEN INDICATED • NOT FULLY VACCINATED RELEASES/TRANSFERS TO COMMUNITY (RRC, HC OR FULL-TERM) 	<ul style="list-style-type: none"> • Inmates should wear a FACE COVERING or surgical mask while being escorted to quarantine. PPE for escort staff is noted below. • They should preferably be designated to a single room with solid door. • IF SINGLE HOUSING IS NOT AVAILABLE, THE INMATES MAY BE COHORTED WITH THEIR RESPECTIVE GROUP – exposed contacts, intake, or pre-release/pre-transfer. Inmates in each category of quarantine should be housed separately from inmates in other categories. • INMATES TEST IN/TEST OUT OF ALL THREE CATEGORIES OF QUARANTINE. The Abbott (POC) or commercial (PCR) lab tests may be used for admission to quarantine.
TAKE TRANSMISSION-BASED PRECAUTIONS: <ul style="list-style-type: none"> • STANDARD PRECAUTIONS; use of PPE and hand hygiene for contact, eye protection, and droplets. 	<ul style="list-style-type: none"> • HAND HYGIENE (before and after wearing gloves). • PPE (gloves, eye protection, surgical mask, and gown) for staff having direct contact (including medical care, escort, or transport) or opening food trap or entering inmate room. • For “EXPOSED” QUARANTINE in open units, open doors, or open bars, consider use of N95 respirator. • IF NOT ENTERING ROOM AND ≥ 6 FEET AWAY, a gown may not be necessary. • PRIOR TO ENTERING ROOM OR INMATE CONTACT: Perform hand hygiene. Don (put on) gloves, gown, surgical mask, and eye protection. (See PPE donning checklist Appendix H for specifics.) • EXITING ROOM WITH AN ANTEROOM: Have inmate(s) move back to a social distance ≥ 6 feet; doff (remove) gloves & gown, and then exit the room. In the anteroom, perform hand hygiene, doff eye protection and mask, and repeat hand hygiene. • IF NO ANTEROOM IS AVAILABLE: Exit out of room to doff all PPE in a designated doffing area (taped off area) located immediately outside of room. (See doffing checklist Appendix I for specifics.) • Used PPE is disposed of in regular trash, with a receptacle in the doffing area, as well as place for any items to be recycled.
PLACE SIGNAGE	Place an Respiratory/Eye Infection Quarantine Precautions sign on the door. (See Appendix N.)
INMATE EDUCATION	Advise and educate inmates to report symptoms of COVID-19 illness. Educate them to maintain social distance and wear face coverings. Provide education sheets.
QUARANTINE CHECKLIST, Page 1 of 3	

QUARANTINE CHECKLIST FOR COVID-19	
CATEGORY	TASKS
COMMUNICATION AND DOCUMENTATION	<ul style="list-style-type: none"> • Notify facility leadership, QIIPC, HSA, psychology, and Regional QIIPC consultants of quarantine situation. • Place a MEDICAL HOLD in BEMR and Sentry for the duration of the quarantine. Code inmate(s) according to their quarantine type: Intake Quarantine (Z0489-I), Quarantine due to Exposure (Z0489-E), or Release/Transfer Quarantine (Z0489-T). • Enter testing, entry, and exit (beginning and end of quarantine) symptoms, signs, and temperature screening in BEMR. • For “exposure” quarantine, conduct symptom/temp screens at least once DAILY (due to the probability that some will become ill). Daily screens can be conducted by non-healthcare staff after training completion. Any POSITIVE SYMPTOMS are reported to healthcare staff for assessment, testing and isolation.
STAFF INTERACTION	<ul style="list-style-type: none"> • Staff assessments not requiring direct contact will be conducted with social distancing of ≥ 6 feet away. • Limit the number of staff interactions with inmates and take measures to reduce the number of staff interacting with quarantined inmates. Dedicate personnel to the unit, if possible.
MEDICAL EQUIPMENT	<ul style="list-style-type: none"> • Dedicate medical equipment to the unit, if possible. • Clean and disinfect after/between use.
MEDICAL CARE IF INMATES BECOME SYMPTOMATIC	<ul style="list-style-type: none"> • MEDICALLY ISOLATE INMATES PROMPTLY if they become symptomatic (cough, SOB, HA, dizziness, fatigue, loss of taste or smell, sore throat, N&V, chest pain) and/or an oral temperature ≥ 100.4 F (equivalent temps are 101°F for tympanic/ear and 100°F for forehead/non-contact). • Positive symptoms require assessment, clinical encounter, testing, and move to isolation. Limit close or direct contact. Provide necessary medical care as needed.
FOOD SERVICE	<ul style="list-style-type: none"> • Use regular trays or disposable dishware.
LAUNDRY	<ul style="list-style-type: none"> • Wear gloves. • Regular central laundry processes are acceptable. • Do not shake dirty laundry. • Disinfect dirty carts after use.
VISITS	In-person visits will be suspended until the end of quarantine. Consult local leadership for exceptions.
TELEPHONE CALLS	Phone is cleaned and disinfected after each use with registered disinfectant from EPA List N .
TRASH	<ul style="list-style-type: none"> • Wear GLOVES and DOUBLE-BAG in clear waste bags; • Ensure that trash is NOT processed by recycling.
CLEANING/DISINFECTION	<ul style="list-style-type: none"> • Provide supplies to inmate to clean and disinfect the room. • Use disinfectant from EPA List N.
QUARANTINE CHECKLIST, Page 2 of 3	

QUARANTINE CHECKLIST FOR COVID-19	
CATEGORY	TASKS
DISCONTINUATION OF QUARANTINE	<ul style="list-style-type: none"> • Duration of quarantine is 14 days. • If at all possible, DO NOT ADD INDIVIDUALS TO AN EXISTING QUARANTINE after the 14-day quarantine clock has started. If new inmates are added into a quarantine cohort or anyone in the cohort becomes positive, the clock starts back at zero. • PRIOR TO RELEASE FROM QUARANTINE, ASYMPTOMATIC INMATES SHOULD UNDERGO COVID-19 TESTING AND TEST NEGATIVE. • A commercial PCR test should be performed for inmates releasing to the general population and for releases or transfers. • Abbott POC tests may be used for immediate releases and for transfers to other BOP facilities when commercial lab turnaround times are more than 7 days.
TERMINAL CLEANING	<ul style="list-style-type: none"> • Inmates should clean the area at end of quarantine, if possible. • If inmates in quarantine became SYMPTOMATIC, wait 24 hours (if possible), and then clean and disinfect with an EPA List N registered disinfectant with PPE recommended by the disinfectant manufacturer (i.e., gloves, gown, and if splashes are anticipated, wear mask and eye protection).
QUARANTINE CHECKLIST, Page 3 of 3	

APPENDIX Q. COVID-19 CODING CLINICAL REFERENCE GUIDE

CODE	DESCRIPTION	WHEN TO USE
J1282	Pneumonia due to coronavirus disease 2019	For a patient with pneumonia confirmed as due to COVID-19. <ul style="list-style-type: none"> Also, add code <i>U07.1 COVID-19</i> to the health problem list.
J208	Acute bronchitis due to other specified organisms	For a patient with acute bronchitis due to other specified organism OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19, also add code <i>U07.1 COVID-19</i> to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code <i>U07.2 Suspect/probable COVID-19 case</i> to the health problem list.
J22	Unspecified acute lower respiratory infection	For a patient with lower respiratory infection not otherwise specified OR associated with COVID-19. Do NOT use this code for acute upper respiratory infection (J069). <ul style="list-style-type: none"> If associated with COVID-19 also add code <i>U07.1 COVID-19</i> to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code <i>U07.2 Suspect/probable COVID-19 case</i> to the health problem list.
J40	Bronchitis, not specified as acute or chronic	For a patient with bronchitis not otherwise specified OR bronchitis, not specified as acute OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code <i>U07.1 COVID-19</i> to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code <i>U07.2 Suspect/probable COVID-19 case</i> to the health problem list.
J80	Acute respiratory distress syndrome	For a patient with acute respiratory distress syndrome (ARDS) OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code <i>U07.1 COVID-19</i> to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code <i>U07.2 Suspect/probable COVID-19 case</i> to the health problem list.
J960	Acute respiratory failure	For a patient with acute respiratory failure OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code <i>U07.1 COVID-19</i> to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code <i>U07.2 Suspect/probable COVID-19 case</i> to the health problem list.
J961	Chronic respiratory failure	For a patient with chronic respiratory failure OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code <i>U07.1 COVID-19</i> to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code <i>U07.2 Suspect/probable COVID-19 case</i> to the health problem list.

Continues on next page

CODE	DESCRIPTION	WHEN TO USE
J988	Other specified respiratory disorders	For a patient with a respiratory infection not otherwise specified OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code U07.1 COVID-19 to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code U07.2 Suspect/probable COVID-19 case to the health problem list.
M3581	Multisystem inflammatory syndrome	For a patient with multisystem inflammatory syndrome (MIS) OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code U07.1 COVID-19 to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code U07.2 Suspect/probable COVID-19 case to the health problem list.
M3589	Other specified systemic involvement of connective tissue	For a patient with other specified systemic involvement of connective tissue OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code U07.1 COVID-19 to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code U07.2 Suspect/probable COVID-19 case to the health problem list.
R051	Acute Cough	For a patient with acute cough OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code U07.1 COVID-19 to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code U07.2 Suspect/probable COVID-19 case to the health problem list.
R052	Subacute Cough	For a patient with subacute cough OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code U07.1 COVID-19 to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code U07.2 Suspect/probable COVID-19 case to the health problem list.
R053	Chronic Cough	For a patient with chronic cough OR associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code U07.1 COVID-19 to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code U07.2 Suspect/probable COVID-19 case to the health problem list.
R509	Fever	For a patient with fever OR for patients presenting with fever associated with COVID-19. <ul style="list-style-type: none"> If associated with COVID-19 also add code U07.1 COVID-19 to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code U07.2 Suspect/probable COVID-19 case to the health problem list.
Continues on next page		

CODE	DESCRIPTION	WHEN TO USE
R0602	Shortness of breath	For a patient with shortness of breath OR for patients presenting with shortness of breath associated with COVID-19 <ul style="list-style-type: none"> If associated with COVID-19 also add code <i>U07.1 COVID-19</i> to the health problem list. If a diagnosis has NOT been established, and it is suspected/probable also add code <i>U07.2 Suspect/probable COVID-19 case</i> to the health problem list.
U07.1	COVID-19	Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID-19 test result. <ul style="list-style-type: none"> Do NOT use <i>U07.1</i> for suspected, possible, probable, or inconclusive COVID-19 (see code <i>U07.2</i>). Do NOT use this code for COVID-19 Reinfection, use code <i>U07.3</i>.
U07.2	Suspect/probable COVID-19 case	For individuals with a suspected/probable virus. Add other symptoms to this code such as cough, fever, etc.
U07.3	COVID-19 Reinfection	For individuals who now present with new symptoms, having had a previous diagnosis of COVID-19 and recovered from the first round of COVID-19 diagnosis, 90 days from the symptoms or positive test result (whichever occurs first).
U09.9	Post COVID-19 condition, unspecified	For sequela of COVID-19, or associated symptoms or conditions that develop following a previous COVID-19 infection, assign a code(s) for the specific symptom(s) or condition(s) related to the previous COVID-19 infection, if known, and code <i>U09.9, Post COVID-19 condition, unspecified</i> . <ul style="list-style-type: none"> Code U09.9 should NOT be assigned for manifestations of an active (current) COVID-19 infection.
Z0489-E	Quarantine due to exposure	For individuals who need to be placed in quarantine due to exposure.
Z0489-I	Intake Quarantine	For intake individuals who need to be placed in quarantine.
Z0489-T	Release/Transfer Quarantine	For release/transfer individuals who need to be placed in quarantine.
Z28310	Unvaccinated for COVID-19	For patients who acknowledge they are not vaccinated. <ul style="list-style-type: none"> Patient must sign a COVID-19 consent refusing the vaccine. This code should not be used for individuals who are NOT eligible for the COVID-19 vaccines, as determined by the healthcare provider.
Z28311	Partially vaccinated for COVID-19	For patients who acknowledge they have received dose 1 of 2 and agree to complete the series. <ul style="list-style-type: none"> Verify dose and document in BEMR. A COVID-19 consent must be completed for additional vaccines administered. This code should not be used for individuals who are NOT eligible for the COVID-19 vaccines, as determined by the healthcare provider.
Z8616	Personal history of COVID-19	For patients with a history of COVID-19
Continues on next page		

CODE	DESCRIPTION	WHEN TO USE
Z9222	Personal history of monoclonal drug therapy	For patients with a history of monoclonal drug therapy.
Z9911	Dependence on respirator [ventilator] status	Add code <i>U07.1 COVID-19, J961, Chronic respiratory failure</i> , followed by code Z9911 Dependence on respirator [ventilator] status.

Note: BOP Quality Improvement/Infection Prevention & Control Coordinators have the rights to enter, update or entry error erroneous BEMR ICD10 codes.

APPENDIX R. PRIORITIZATION OF HEALTH CARE SERVICES DURING DISRUPTIONS

NORMAL CONDITIONS	SCOPE OF SERVICES
Normal resources and demands	No change in scope of services
MILD DISRUPTION	NEAR-NORMAL SCOPE OF SERVICES
Disruptions: <ul style="list-style-type: none"> • Slightly reduced health care staffing. • Some inmates ill; few severely ill. • Community hospitalization available. • Rearranged health care staffing/roles. 	Possible adjustments include: <ul style="list-style-type: none"> • Alter site of care for patients with COVID-like symptoms. • Reduce preventive health care services (continue TB screening, influenza and pneumococcal vaccination). • Maintain a chronic care clinic. Identify and monitor inmates defined by the CDC as being at risk for serious illness if infected with COVID-19. • Provide care for minor ailments, as feasible.
MODERATE DISRUPTION	REVISED MEDICAL CARE SCOPE OF SERVICES
Disruptions: <ul style="list-style-type: none"> • Health care staffing somewhat reduced. • Some shortages of supplies/medication. • Limited laboratory capability. • Many inmates ill; some severely ill. 	Possible adjustments include: <ul style="list-style-type: none"> • Prioritize delivery of chronic care. • Minimize patients on directly observed therapy consistent with guidance from the medical director. • Postpone most preventive health care except TB screening and vaccinations for influenza and pneumonia. • Focus on key life-saving care. • Send severely ill to the hospital. • Postpone care for low priority health problems.
SEVERE DISRUPTION	TOTAL SYSTEM / SCOPE OF SERVICES ALTERATION
Disruptions: <ul style="list-style-type: none"> • Health care staffing significantly reduced. • Significant shortages of supplies/medications. • No laboratory capability; no chest radiography. • Numerous inmates ill; many severely ill. • No community hospitalization available. 	Possible adjustments include: <ul style="list-style-type: none"> • Focus on key live-saving care. • Cohort sickest inmates; provide palliative care. • Deliver care in accordance with priorities established by the BOP Medical Director and in consultation with the Regional Medical Director.

APPENDIX S. TRIAGE OF MEDICAL AND MENTAL HEALTH CONDITIONS DURING DISRUPTIONS

TABLE 1. Examples of Conditions to be Seen for Same-Day Emergency/Urgent Care Visit	
MEDICAL	
<ul style="list-style-type: none"> • Acute chest pain • Acute abdomen: Severe, rebound tenderness, absent bowel sounds, or localized to RLQ • Unstable diabetes (BS<60, or >350 and symptomatic) • Asthma/significant dyspnea • Acute ophthalmology disturbance (foreign body sensation, a sudden change in vision) • Hemoptysis or night sweats • Seizure/syncope • Stroke/TIA symptoms • 2nd/3rd-degree burns • High temp (>101), sepsis • Acute musculoskeletal injuries (limb immobility, open fracture; any injury requiring completion of an injury assessment form) • Severe acute headache • Hematemesis • Melena or hematochezia (acute of unknown origin) 	<ul style="list-style-type: none"> • Severe hypertension (SBP >170, DBP>110, or symptomatic) • Intractable nausea/vomiting/diarrhea. • Development of gangrene/open diabetic ulcer/significant cellulitis, and open draining wounds • Eye injuries: Foreign object (penetrating and non-penetrating), corneal abrasion, blurred vision, pain • Testicular pain (r/o torsion) • Acute uterine bleeding (Hct drops 6% within 4 hrs.) • New onset peripheral edema or orthopnea • Male inmates with UTIs • Rash: Any intensely pruritic or vesicular rash; a rash consistent with scabies, varicella, small pox, herpes zoster, or otherwise unexplained • New onset of incapacitating pain • Altered mental status • HIV+ inmate with fever, headache, mental status and/or changes of loss of vision
MENTAL HEALTH	
<ul style="list-style-type: none"> • Thoughts of self-harm • Thoughts of harm towards others • New onset hallucinations • New onset delusions • New onset anxiety attacks 	<ul style="list-style-type: none"> • Manic symptoms • Severe depression • Drug or alcohol withdrawal • New onset severe medication side effects

(TRIAGE OF MEDICAL AND MENTAL HEALTH CONDITIONS DURING DISRUPTIONS, page 1 of 2)

TABLE 2. Examples of Conditions to be Seen Within 24–48 Hours	
MEDICAL	
<ul style="list-style-type: none"> • Asthma, no acute distress • Acute infections w/symptoms (fever, cough) • Earache, suspected infection 	<ul style="list-style-type: none"> • Medication renewals for chronic conditions such as angina, diabetes, HTN, TB, psychotropics
MENTAL HEALTH	
<ul style="list-style-type: none"> • Moderate depression • Hypomania • Recurrence of anxiety symptoms/attacks 	<ul style="list-style-type: none"> • Chronic psychotic symptoms • New, mild-to-moderate medication side effects

TABLE 3. Conditions Requiring Evaluation Within 72 Hours	
MEDICAL	
<ul style="list-style-type: none"> • Cough • Sore throat/URI without temp • Constipation (unrelieved by OTC meds) 	<ul style="list-style-type: none"> • Headache – Chronic • Skin rash with s/s of itch, pain, spreading
MENTAL HEALTH	
<ul style="list-style-type: none"> • Mild depression • Chronic anxiety under treatment 	


TABLE 4. Conditions Requiring Evaluation Within One Week	
MEDICAL	
<ul style="list-style-type: none"> • Tuberculosis prophylaxis/evaluation/clearance • Chronic rash, blisters, calluses, corns, jock itch, athlete's foot • Hemorrhoids • Gastritis (without nausea/vomiting/diarrhea) 	<ul style="list-style-type: none"> • Eye problems other than described in above tables • All other medication refills • Convalescence and or Duty Status inquiries
MENTAL HEALTH	
<ul style="list-style-type: none"> • Chronic medication side effects 	

TABLE 5. Conditions Requiring Evaluation Within Two Weeks	
MEDICAL	
<ul style="list-style-type: none"> • Musculoskeletal pain, chronic, no recent injury • Back pain, chronic • Allergies, chronic 	

(TRIAGE OF MEDICAL AND MENTAL HEALTH CONDITIONS DURING DISRUPTIONS, page 2 of 2)

APPENDIX T. CPAP or BiPAP in USE Signage

On the next page is a printable sign to be placed on the door of a room where a CPAP or BiPAP is in use.




Respiratory Precautions

Airborne/Contact/Eye Protection

CPAP or BiPAP IN USE






PRECAUCIONES de Sala de Cuarentena



TO PREVENT THE SPREAD OF INFECTION,

ANYONE ENTERING THIS ROOM SHOULD USE:

*Para prevenir el esparcimiento de infección,
cualquiera que entre a esta habitación debe utilizar:*

	<p>HAND HYGIENE <i>Hygiene De Las Manos</i></p>
	<p>N-95 RESPIRATOR (Fit-Tested) <i>Respirador N-95</i></p>
	<p>GOWN <i>Bata</i></p>
	<p>Eye Protection <i>Protección para los ojos si contacto cercano</i></p>
	<p>Gloves <i>Guantes</i></p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="background-color: blue; color: white; margin: 0;">NOTICE</p> <p style="margin: 0;">KEEP THIS DOOR CLOSED</p> </div>	<p>Door to this room remains closed <u>when CPAP or BiPAP is in use.</u></p> <p><i>La puerta de esta habitación permanece cerrada <u>cuando se usa CPAP o BiPAP.</u></i></p>

APPENDIX U. SWITCHING TO A NON-VENTED FULL-FACE MASK FOR CPAP OR BiPAP

In patients with severe sleep apnea with co-morbidities such as morbid obesity, pulmonary hypertension, cardiomyopathy, etc., even the temporary discontinuation of BiPAP or CPAP may constitute a higher risk. When the decision is made to allow the patient to continue using CPAP/BiPAP, the machine must be set up and used with a full-face, non-vented CPAP mask with an in-line viral filter attached to the intake and exhalation ports. The viral filters should be changed daily. See the diagram on the next page for setup.

→ See [MODULE 7](#) for more information about aerosol generating procedures (AGPs).

SWITCHING TO A NON-VENTED FULL-FACE MASK FOR CPAP AND BiPAP

(ResMed Non-vented full-face mask – Small #61739, Med #61740, Lge #61741)

Covers mouth & nose. Has no holes in the mask or elbow attachment on the mask:



1. From the elbow on the mask, attach a **SWIVEL CONNECTOR** (Respironics #7041):



2. From there, attach a **VIRAL FILTER** (Airlife #001851):



3. From the viral filter, attach an **EXHALATION PORT** (Respironics #312149):



4. The remainder of the CPAP is unchanged!

APPENDIX V. COVID-19 SCREENING TOOL FOR STAFF, CONTRACTORS, AND VISITORS

CORONAVIRUS DISEASE 2019 (COVID-19) ENHANCED SCREENING TOOL STAFF/CONTRACTORS/VISITORS

DATE: _____

1. TEMPERATURE: _____ °F METHOD: <input type="checkbox"/> MOUTH <input type="checkbox"/> EAR <input type="checkbox"/> FOREHEAD	
<input type="checkbox"/> If temperature is: (mouth) ≥ 100.4°F OR (ear) ≥ 101°F OR (forehead) ≥ 100°F	
2A. OTHER SYMPTOMS (completed by employee, contractor or visitor)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New-Onset Cough # of days: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	New-Onset trouble speaking/difficulty breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever or chills in the past 24 hours
<input type="checkbox"/> Yes <input type="checkbox"/> No	New onset loss of taste or smell
2B. COVID-19 VACCINE (completed by employee, contractor or visitor)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received COVID-19 Vaccine in the past 72 hours
<input type="checkbox"/> Contact the Medical Officer on call for the institution to provide disposition: Disposition by Medical Officer after assessing symptoms: <input type="checkbox"/> Leave <input type="checkbox"/> Work If staff is being sent home, please provide them a copy of this document and a copy of <i>Memo for the Local Health Department/Personal Healthcare Provider</i> for COVID-19 testing.	
3. NOTIFICATION OF LOCAL HUMAN RESOURCES DEPARTMENT	
<input type="checkbox"/> If Individual is placed on leave, share document with HR Office for T&A purpose. <input type="checkbox"/> HR OFFICE: Please have HSD place this document in the Employee's Medical Folder (Blue Folder) if leave is indicated.	
Staff Name (Last, First): _____ Year of Birth: _____ Institution: _____ State: _____	

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APPENDIX W. CRITICAL INFRASTRUCTURE MEMO TO LOCAL DOH FOR EMPLOYEE TESTING



U.S. Department of Justice

Federal Bureau of Prisons

Washington, D.C. 20534

DATE: _____

MEMORANDUM FOR HEALTH DEPARTMENT

FROM: CAPT Sylvie I. Cohen, MD, MPH, FACOEM
Chief Occupational Safety & Health Branch
Health Services Division

SUBJECT: Staff identified as close contact of COVID-19 positive individual

Please note that _____ is an employee of the Federal Bureau of Prisons and as such works in a Critical Infrastructure Industry as defined by the Department of Homeland Security. Our employees have a special responsibility to maintain a normal work schedule as they are critical in maintaining safety within the Federal Bureau of Prisons and the community, and are unable to quarantine for 14 days.

This individual may have close contact with a confirmed or suspected COVID-19 case, as defined by the Center for Disease Control and Prevention (CDC)* and will require testing.

This necessary priority testing is critical in preventing further transmission within the prison and also in the community.

Therefore, we appreciate your cooperation with this request in considering this employee for **priority COVID-19 testing**.

* <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

APPENDIX X. COVID-19 MEDICAL CONDITIONS SELF-REPORTING TOOL

COVID-19 Medical Condition Self-Reporting Tool

Last Name: _____ First Name: _____

BOP ID#: _____

Job Title: _____

___ Civil Service ___ PHS Officer

Department: _____

Dept. Contact Phone #: _____

Institution: _____

Human Resources Manager Name: _____

Diagnosis/Diagnoses (Please list all that should be considered, If pregnant, please provide Expected Delivery Date):

COVID-19 Vaccination Received? ☐ Yes ☐ No

If Yes, Manufacturer(s) of vaccine: _____

Date(s) of Inoculation: _____

I certify that this information is true and complete to the best of my knowledge.

Print Name: _____ Signature: _____

Date: _____

Staff who are self-reporting as high risk, and requesting modification to their work during the COVID-19 pandemic, must complete and submit this **COVID-19 Medical Condition Self-Reporting Tool** to their designated HR POC or send it directly to the Employee Health mailbox at BOP-HSD-EmployeeHealth-S@bop.gov. The subject line of the email should be "High risk staff declaration form- [Last name, First name]"

APPENDIX Y. COVID-19 MEDICAL ISOLATION INFIRMARY GUIDANCE

Under certain circumstances, establishment of an onsite infirmary at an institution may be necessary. Considerations include the number of symptomatic patients, institution resources and local healthcare resources. The decision to stand up an infirmary should be made in consultation between the institution and regional and central office leadership.

1. GENERAL GUIDELINES FOR INFIRMARY SET-UP

- **PATIENT CRITERIA FOR ADMISSION TO THE MEDICAL ISOLATION INFIRMARY**

- Criteria for admission to and discharge from the infirmary should be reviewed in consultation with the Clinical Director.
- Admission to and discharge from the infirmary will occur only on the order of a physician or designated authorized health professional.
- Follow guidance in **MODULE 4** for medical isolation guidance.
- Eligible patients include the following:
 - COVID-19 patients (positive, probable, or suspected) with mild to moderate symptoms.
 - COVID-19 patients who are hemodynamically stable with mild to moderate symptoms and requiring 2–3 liters of oxygen per nasal cannula to maintain O₂ saturation above 90%.
 - COVID-19 patients post-hospitalization who are still being treated as positive and are hemodynamically stable, requiring continued medical observations or treatment (e.g., IV antibiotics, oxygen, etc.).
- ➔ *Patients returning from the hospital who have completed treatment for COVID-19 infection, and have met CDC criteria for release from isolation, should **NOT** be placed in the isolation infirmary.*

- **STAFFING PATTERN**

- The team may consist of six members, including one Medical Officer, one Advanced Practice Provider (APP), and four Registered Nurses (RN) per 5–10 bed infirmary—based on the patients' medical acuity. Infirmary bed estimates generally range from 0.5 to 1 percent of the population (i.e., 5 to 10 medical infirmary beds per 1,000 inmates).
- A Medical Officer should be on call 24 hours per day for the infirmary.
- A Medical Officer should evaluate patients daily, as required by the severity of their illnesses.
- At least two RNs should be on each shift. This allows for continuous coverage of the unit in case one RN has to step off the unit for any reason, as well as allowing the RNs to watch out for breaks in each other's PPE.
- There should be health care personnel on duty 24 hours per day, seven days per week, who make rounds a minimum of once per shift—and more often, as required by patients' needs and physicians' orders. A health care provider is to remain in the infirmary at all times.
- Patients should always be within sight or hearing of a health care staff member (e.g., call lights, buzzer system).

(COVID-19 Medical Isolation Infirmary Guidance, page 1 of 4)

- **LOCATION OF THE MEDICAL ISOLATION INFIRMARY**

- Each institution varies, and coordination with the local executive staff will be necessary to determine a suitable location.
- The location of the medical isolation infirmary unit can be co-located within the medical isolation unit.
- The institutional pandemic plan, in consultation with facility's personnel, will identify a location. In addition to structures in place at the institution, the institution may also consider utilizing large temporary structures like tents.
 - Consider utilizing a location large enough to house the patients and their necessary belongings. Approximately 72 square feet (12' L x 6' W) should be allowed for each patient, to ensure that there is at least six feet between patients' beds, and safe walkways of at least three feet between the head and foot of the bed.
 - Ensure that there is at least a six-foot wide egress aisle for safe evacuation of the unit if necessary.
- Housing Units can be utilized for Infirmery Medical Isolation in order of precedence, as determined by the CDC guidance provided in **MODULE 4**.
- Ideally, the location will have a sink with running water, soap, and paper towels. If this is not feasible, ensure adequate alcohol-based hand sanitizer is available.
- Ideally, the locations should have separate entrance and exit locations.
 - The entrance/exit locations require space for donning and doffing of PPE, as well as a means of performing hand hygiene.
 - Proper donning of appropriate PPE will be completed prior to entering the unit.
 - Proper doffing of PPE will be completed upon exiting the unit.
 - Refer to **MODULE 2** for additional guidance on PPE.
- Access to toilets and shower facilities for patients, and toileting facilities for staff.
- If space is utilized that does not have emergency lighting, portable emergency lighting will be needed.

- **NECESSARY SUPPLIES**

- ➔ *The list below is in addition to the Suggested Infirmery Supply and Equipment List identified [below](#)*
- Signage as recommended in the various **MODULES**.
- In accordance with fire and safety codes, a mechanism to separate patients in the absence of walls when privacy is necessary: Foldable panels, privacy screens, a sheet draped between the beds, etc.
- Stocked hand hygiene station(s): Running water, soap, paper towels, and/or alcohol-based hand sanitizer, as outlined in **MODULE 1**.
- PPE: Sufficient supply of gowns, gloves, N95 masks, goggles, and face shields in multiple sizes, as outlined in **MODULE 2**.
- Dedicated computer terminal(s) for health care providers to document and review information on the patients.

(COVID-19 Medical Isolation Infirmery Guidance, page 2 of 4)

- Telephone:
 - If secure: A regular phone with dial-out access to outside of the institution should be utilized.
 - If unable to make secure: The telephone will ring directly to Control, like the suicide watch phone. This phone would be available for staff working in the unit to receive phone calls, while still preventing inmates from using the phone to make outside calls.
- Cleaning supplies as outlined in **MODULE 1**.
- Mechanisms to properly secure the following items on the unit:
 - Needles, sharps, syringes – behind two locks.
 - Medication – behind at least one lock (excludes controlled substances).
- Dedicated non-critical medical equipment: Vital signs machine, stethoscope, non-touch and oral thermometers, pulse oximetry device, blood glucose meter, etc. These will need to be disinfected appropriately between patients, following the manufacturer's recommendations, if supplies do not allow for one device per patient.
- Cleaning and disinfecting of the unit completed in accordance with the guidance in **MODULES 1 AND 4**.

2. DOCUMENTATION

- Documentation should occur in BEMR.
 - Health Services should work with the local computer services and facilities to provide additional computer terminals where needed.
 - Cleaning and disinfection of computer equipment located in a medical isolation infirmary should be accomplished frequently in accordance with the manufacturer's recommendations.
 - Paper documentation has the following drawbacks:
 - Creates gaps in the patient record and prohibits the capture of data needed for the COVID-19 reporting requirements.
 - Leads to potential medical/medication errors.
 - Creates a vehicle for transmission of the COVID-19 virus (minimal paper should be used because it cannot be easily disinfected).
- In addition to documentation required for Medical Isolation (refer to **MODULE 4**), documentation in BEMR should include infirmary admission and discharge notes, along with daily clinical encounter notes

3. PHARMACY:

- Stock of individually bottled over-the-counter items to treat symptoms. A provider with prescribing authority will need to document an order for the patient to receive these items; nurses and paramedics may utilize approved protocols.
 - Examples include, but are not limited to:
 - Acetaminophen
 - Ibuprofen
 - Cough medicine
 - The Clinical Director can modify this list to meet the needs of the patient population.

(COVID-19 Medical Isolation Infirmary Guidance, page 3 of 4)

4. SUGGESTED INFIRMARY SUPPLY AND EQUIPMENT LIST

INTRAVENOUS DELIVERY			
ITEM	NEED	ITEM	NEED
IV starter kits		IV poles	10
Transparent dressings (i.e., Tegaderm, Opsite)		IV fluids (NS, 1/2NS, LR, 1/2NS, or NS with 5% Dextrose)	
Clear and paper tape		IV tubing sets and extension	
IV catheters (16, 18, and 20 gauge)		Alcohol wipes	
3 cc syringes			
OXYGEN DELIVERY			
ITEM	NEED	ITEM	NEED
O2 tanks with roller stand holder		Bag valve mask	
Oxygen concentrator Christmas trees		Non-rebreather mask	
Oxygen cylinder key		Nasal cannula	
O2 concentrators		Simple face mask	
Portable suction machine		Albuterol multi-dose inhalers (nebulizers are not recommended)	
Yankauer suction set – tubing & canister			
MISCELLANEOUS			
ITEM	NEED	ITEM	NEED
PPE (gowns, gloves, eye protection, masks)		Vital signs monitors	10
Cots, pillows, and blankets		Thermometers (oral and touch free)	
Tall large trash cans	5	Probe covers for oral thermometer	
Influenza testing supplies or kits		Portable Pulse Ox machines	
COVID-19 testing supplies or kits		Patient scale	1
EPA registered disinfectant wipes		Glucometer w/ testing supplies	
EPA registered disinfectant solution		Stethoscopes	
Hand wash stations		Oral fluid supplement (ORS, Gatorade)	
Hand sanitizer		Bed wedges	
Automated external defibrillator (AED)	1	Stretcher, backboard, and wheel chair	
Portable cart for nurse to provide care at bedside or cell to cell		Refrigerator or cooler (to hold potential samples)	

(COVID-19 Medical Isolation Infirmary Guidance, page 4 of 4)

APPENDIX Z. COVID-19 TIPS FOR OFFICIAL TRAVEL USING COMMERCIAL VENDORS

To reduce the risk of infection among the traveling workforce, limit close contact with others by maintaining a distance of at least 6 feet while at work and in public, when possible.



- **Don't** come to work if you are sick. Please notify your supervisor and stay home, except to get medical care. Discuss your work situation with supervisor before returning to work.

- Afterhours: Stay in your hotel room to the extent possible. Eat in your hotel room with either room service or delivery service. If in-room food delivery options is not available, get take-out from the hotel restaurant or another restaurant nearby.
 - Limit activities in public to essential errands, such as getting food.



- Wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water aren't available.

Key times to wash your hands include:

- Before preparing and serving food and beverages
- Before eating food
- Before and after work breaks and shifts
- After touching frequently touched surfaces
- After removing gloves or other personal protective equipment (PPE)

- Avoid touching your eyes, nose, and mouth with unwashed hands.



- Cover your mouth and nose with a tissue when you cough or sneeze, or use the inside of your elbow. Throw used tissues in the trash and immediately wash hands with soap and water for at least 20 seconds or use hand sanitizer containing at least 60% alcohol.

- You must wear a face covering while around other people, especially in situations where you cannot maintain proper social distancing (6ft.) from others.



Monitor your health and practice social distancing outside of work. Further COVID-19 Guidance for all staff can be located on the Agency's COVID-19 Sallyport Page.

If you get sick with fever, cough, or trouble breathing during travel, stop working immediately, put on a mask, notify your supervisor, and separate yourself from others to the extent possible while you seek medical attention as appropriate.

These recommendations are derived from the Centers for Disease Control guidance document at the following link:
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/airline-toolkit.html>

APPENDIX AA. STAFF AND INMATE COVID-19 CONTACT INVESTIGATION AND TRACING WORKSHEET

Definitions:

- **Common COVID-19 symptoms:** Fever, cough, shortness of breath, headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea, and acute onset loss of taste or smell.
- **Infectious period:** Person is contagious at onset of symptoms and possibly two days prior to symptom onset (e.g., if symptoms began on Sunday, ask about activities starting on Friday).
- **Asymptomatic infection:** When a person may be contagious but has no symptoms.
- **Incubation period:** The time from exposure to illness onset. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time.
- **Exposed to SARS-CoV-2:** In general, a person needs to be in close contact with a sick person to get infected. Close contact includes:
 - Living in the same household or room and sharing close space (bathroom) with a person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet (about two arms-length) of a person with COVID-19 for about 15 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Points to Consider:

- This tool, which can be used for staff or inmates, assists to guide contact tracing at the institution level. The goal of interviewing the index case and contacts of the index case is to establish the infectious period and identify other potentially exposed persons.
 - It is critically important that time be spent establishing trust with persons before conducting an interview and making sure that the person understands the purpose of the contact investigation. For languages other than English, utilize an interpreter, if needed.
 - The questions below should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers. If a question is not applicable, note N/A.
 - Inmates: If inmate is unavailable for an interview (i.e., they are in the hospital), information can be obtained from cellmates, job supervisors, unit officers or teams, etc.
 - Staff: If staff is unavailable for an interview, information can be obtained from human resources, department heads or Admin LT, etc.
- DO NOT** file interview documentation in the inmate's medical record or staff record.
- ➔ Refer to [Module 5. Surveillance](#) for additional information related to contract tracing and the CDC <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html> for additional information regarding contact tracing

Contact Tracing Worksheet

Inmate Name: _____ Registration #: _____ Facility Intake Date: _____

Staff Name: _____ DEPT: _____ FACILITY: _____

Interviewer Name: _____ Interview Date: _____

1. Review the COVID-19 diagnosis with the person:

- ☐ Assess the person's knowledge of the condition
- ☐ Describe COVID-19, how it is diagnosed and treated, and the treatment plan
- ☐ Describe how COVID-19 is transmitted (droplet)
- ☐ Discuss the need to identify potentially exposed contacts
- ☐ Describe how a close contact is defined

2. Obtain COVID-19 vaccination history

3. Have you received a COVID-19 vaccine? ☐ YES ☐ NO

If YES, when and what manufacturer?

4. Obtain infection history:

a. Have you had any close contact with a person with a confirmed or probable diagnosis of COVID-19 in the last 2 weeks? ☐ YES ☐ NO

If YES, where and when?

b. Have you had a positive COVID-19 test result? ☐ YES ☐ NO

If YES, where and when?

c. Have you been diagnosed with COVID-19? ☐ YES ☐ NO

If YES, where and when?

(continued on next page)

5. Ask about medical history (INMATES only). What other medical conditions do you have?

6. Ask about a history of COVID-19 symptoms.

YES	NO	Have you had any of the following symptoms in the last two weeks ?	If YES, how long have you had them? When did they start?
		Cough	
		Fever or subjective fever (felt feverish)	
		Shortness of breath	
		Chills	
		Muscle aches	
		Lethargy or fatigue	
		Headache	
		Nasal congestion	
		Chest pain or tightness	
		Sore throat	
		Loss of taste or smell	
		Nausea	
		Vomiting	
		Diarrhea (>3 loose stools in 24 hours)	
		Abdominal pain	

Date of symptom onset:

7. Ask about the risk factors.

YES	NO	Please answer the following questions	When and Where?
		Are you living/quarantined with someone diagnosed with COVID-19 in the last two weeks?	
		Have you had contact with someone diagnosed with COVID-19 (i.e., > 15 minutes cumulative time over 24 hours and within < 6 feet)?	
		Are you part of a carpool to work or use public transit?	

(continued on next page)

8. If symptoms began prior to arrival at the facility (INMATES only):

a. Where were you living?

b. Who were you living with?

c. How were you transferred to this facility and when (e.g., plane, bus, van)? Were you sitting at least six feet from others?

d. Did you come from a non-BOP facility or were you intermingled with non-BOP inmates in transit?

9. Please describe your previous day-to-day activities at your facility:

Time of Day	Daily Activities (lunch, education, training, meetings, breaks, free time)
Morning	
Mid-Day	
Afternoon	
Evening	

10. Has the above activity been your pattern during the period since ____ / ____ / ____ (2 days before symptom onset) or has the way you spend your time changed in any way? If changed, how and when did your pattern change? _____

11. Did you spend time with any staff outside of your assigned duty post (i.e. lunch, visits, socializing, and institution gym) in the 2 days prior to illness? (STAFF only) ☐ YES ☐ NO

(continued on next page)

12. Please tell me if you have been involved in any of the following activities, in the last two days (INMATES only).

YES	NO	Activity	Where?	When?	With whom?
		Watching TV?			
		Playing cards or games?			
		Religious services?			
		Recreation or sports?			
		Work?			
		Education?			
		Library?			
		Using common phones?			
		Using common computer?			
		Sharing food or drink?			
		Wear a facial covering?		How often?	
		Other:			

13. In the two days prior to symptom onset (or if asymptomatic, in the two days prior to testing), who have you sat or stood near for more than 15 minutes (this may be cumulative contact time)? (Prompt for potential activities in question 5-9) (For STAFF: Only close contacts who work at the institution)

(continued on next page)

14. Are there any staff members with whom you have had close contact with? ☐ YES ☐ NO

Name of Staff	When?	Where?	Were you wearing a mask or face covering?

15. Is there any other information that might help identify anyone else you have been in contact with? Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

16. Do you have any questions about COVID-19?

APPENDIX AB. STAFF POSITIVE CASE FORM

Per **PS6701.01**, all employees are required to report a COVID-19 positive test through their institution human resources department to BOP-HSD-StaffCovidNotifications-S@bop.gov. In addition to completion of this form, a copy/screenshot of the laboratory results or healthcare provide statement indicating the results should also be included. The subject line for the email should include: **"COVID-19 Staff + Results – Name of Institution"**

Employee Name	
Institution	
Employee Department	
Unit(s)/Facility worked 48 hours prior to symptoms or positive test	
TDY date and institution (f applicable)	
Last day of work	
First date of symptoms (list symptoms if available)	
Test date	
Test confirmation date	
Test report date	
Was staff member vaccinated?	
If Yes, what was the date of last vaccination?	
Did COVID-19+ staff spend an accumulated time of more than 15 min with anyone (lunch, breaks)? If yes, provide # of staff contacts.	
Provide # of known staff positive contacts. Were staff contacts notified?	
Number of known inmate contacts	
Are any inmates quarantined and being tested as result of exposure? If yes, provide # of inmates and unit(s)	